

12-30-52  
FILED DEC 30 1952THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13429  
State File No. 11050  
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 13429		Registrar's No. 11050	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>			c. LENGTH OF STAY (in this place) <u>13 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>417 S. CLAY 47/3</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>R.</u>		c. (Last) <u>GARNER JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 52</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1894 SEPT. 9 - 1892</u>		9. AGE (In years Months Days) <u>58 3 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WELDING ENGINEER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MODERN ENCO</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>HELLENA ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRANK R. GARNER</u>			13b. MOTHER'S MAIDEN NAME <u>ALMA TATUM</u>			14. NAME OF HUSBAND OR WIFE <u>FRANCES GARNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>			16. SOCIAL SECURITY NO. <u>WWWI 488-10-8012</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANCES GARNER, KIRKWOOD, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right lung with metastases to brain</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, infection, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
19. DATE OF OPERATION <u>11-29-52</u>		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>163X</u>					
22. I hereby certify that I attended the deceased from <u>11-23</u> , 19 <u>52</u> , to <u>11-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>52</u> , and that death occurred at <u>10:30a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>William D. Cheman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BARNES HOSPITAL</u>				23c. DATE SIGNED <u>11-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CFM.</u>		24d. LOCATION (City, town, or county) (State) <u>JEFF BARRACKS - MO</u>			
DATE REC'D BY LOCAL REG. <u>DEC 1 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood, MO</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Felix Murand*

Licensed Embalmer No. 3034

P. O. Address Wickwood 22 me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

43429

State of ..... }  
County of ..... } ss.

State File No. ....  
Local Registrar's No. .... 11050

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth  
for **Frank R. Garner Jr** died **11-29-1952**, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **8** should read **Sept. 9-1894**

Instead of..... **Sept. 9-1892**

Item No. **9** should read **ge 58**

Instead of..... **60**

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant **Mrs. F. R. Garner Jr.** Inf. Relationship.

**417 S. Clay Kirkwood**  
Present Address.

Subscribed and sworn to before me this **4** day of **December**, 194.....

My Commission expires **3-4-53** **Ellen C. Pedersen** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

